

## BEMIDJI AREA OFFICE IT TRIBAL SHARES LISTENING SESSION

May 19, 2011

Presentations from Dr. Theresa Cullen (ISAC IT Priorities), Lisa DeCora (IT Tribal Shares listening session process) and Raymond Willie (Tribal Shares)

Listening session included participants from the Bemidji Area Office, Oneida Nation, Forest County Potawatomi, White Earth Nation, Pokagon Band of Potawatomi Indians, Red Cliff Band of Chippewa Indian, Keweenaw Bay Indian Community, Grand Portage, Lac du Flambeau Band of Chippewa Indian, Lac Courte Oreilles Tribe of Wisconsin, Saginaw Chippewa, Upper Sioux Community, Sault Ste. Marie Tribe of Chippewa Indian, Fond du Lac Band of Chippewa, Little Traverse Bay Band of Odawa, Grand Traverse Band, Match-e-be-nash-she-wish Pottawatomi, Hannahville Indian Community, and American Indian Health & Family Services S.E. Michigan.

Feedback from the participants:

### COMMENTS ABOUT IHS FUNDING

- Tribes would like to know if the PSFA Manual states that there is no residual, and then the amount appropriated by Congress should have a correlation to the amount available for Tribal shares. The only differences would be amounts that are specified for certain projects or funding that comes to OIT from other programs to do specific tasks/projects.
- Tribes requested the language that allowed OIT to keep \$16.2 million in funding during FY2010 instead of allowing that amount to be eligible for distribution under the Tribal shares formula.
- Where does OIT's \$48 million in funding come from? Information on the Tribal shares tables (calculations) come from the Office of Finance and Accounting (OFA).
- Would like to see IT Tribal shares consolidated into one line item. This issue was argued on a national level to use one line item.

### GENERAL COMMENTS ABOUT OIT PRODUCTS/SERVICES

- There were several questions about Dentrrix and when it will be certified. Currently, there are no standards for certifying dental electronic health records (EHR) and also, not certifying bodies to complete the certifications. If a provider uses Dentrrix and it is integrated into a certified EHR where it is storing or gaining access to the measures, then the dentist could qualify for Meaningful Use.
- Tribes need to export dental data to the National Data Warehouse (NDW) but need an interface. OIT paid for the Dentrrix interface so it should be free to those Tribes who left RPMS shares with IHS. It should also be noted that if a Tribal organization did not keep the RPMS patches updated, it may create a problem exporting data from Dentrrix. These patches are available to Tribal organizations who left shares for RPMS or can request the patches via a Freedom of Information Act request but will not get IHS IT support unless left Tribal shares or use a buy-back agreement.
- What about a Tribe taking area shares and leaving headquarters shares or vice versa (also, known as the wedge policy-tier 1, tier 2, tier 3). It is important to know that each tier provides a certain level of service and if there are no HQ shares left for services/support, a Tribe will need to either

hire their own consultant or “buy-back” services for OIT (HQ) assistance. Additionally, many products/services that are provided by OIT staff is not supported by local Area IT staff, such as RPMS development and the NDW so if Tribes want to use these products/services, they must leave shares with IHS to support the PSFAs.

- Tribes are purchasing “commercial off the shelf” (COTS) products and are working on how to get data back to IHS NDW (using interfaces). There were questions about Tribes leaving its shares for the NDW and about standards for accepting the data from non-RPMS sources (HL7 format), which is published on the IHS website (OIT pages). What if Tribes takes its shares for NDW? Who supports the interface?
- Tribes appreciate the support received from the Area office but need more assistance. What about providing HQ support at the area offices? There was a suggestion about deploying HQ staff to area offices.
- Tribes need to understand what OIT can and cannot do. Also, why is it beneficial to leave shares with IHS and defining what leaving the Tribal shares mean to the Tribe? IT is so overworked and it is usually the last item during negotiations (before signing off) and many times, the grids and charts are not understandable for anyone to make an informed decision.
- Medicare e-prescribing penalties are next month and Tribes are not sure what IHS is going to do. What the final regulation published? Using the certified RPMS EHR should be okay. Many entities asked for a grace period on this. There are a tremendous amount of patches coming for e-prescribing.

#### COMMUNICATION/INFORMATION ON SERVICES/PRICES

- Consolidate OIT line items into one line so Tribes can understand the funding better.
- Provide progress reports to Tribes on OIT services.

#### RPMS

- Please update Tribes on the business package for RPMS. Currently, Tribes are still doing dual data entry. When will a billing package be available for RPMS so dual entry is no longer necessary?
- There is not enough deployment support (not enough IT staff). IHS took a lot of man hours and stimulus dollars but Tribes decided to use RPMS anyway but cannot get patches installed.

#### COMMENTS ABOUT TRIBAL CONSULTATION PROCESS

- Summarize the progress from OIT listening sessions during the IHS Consultation Summit that will occur July 6-7, 2011.
- Suggestions about the formal consultation-combine with other formal consultations or have regional consultations.
- Make things clear for the consultation because of the technical/IT issues that are involved in this project.
- Would like IHS to provide any updates on the I/T/U IT Shares Workgroup recommendations that were presented to the IHS Director in the fall of 2010.